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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Indonesia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$30 million, of which $25 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1995
Executing agencies:	Government of Indonesia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	State Ministry of Population National Family Planning Coordination Board

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Indonesia

Demographic facts

Population (000)		Average annual change (000)	
Total	197,588	Population increase	3029
Males	98,553	Births	4749
Females	99,035	Deaths	1561
Sex ratio (/100 females)	99.5	Net migration	-159
Urban	69,992	Annual population total (% growth)	1.48
Rural	127,596	Urban	4.08
Per cent urban	40.3	Rural	-0.11
Population in year 2000 (000)	212,731	Crude birth rate (/1000)	23.1
Functional age groups (%)		Crude death rate (/1000)	7.6
Young child: 0-4	11.1	Net migration rate (/1000)	-0.8
Child: 5-14	21.9	Total fertility rate (/woman)	2.63
Youth: 15-24	20.8	Contraceptive prevalence rate (% 15-44)	48
Elderly: 60+	6.7	Gross reproduction rate (/woman)	1.28
65+	4.3	Net reproduction rate (/woman)	1.17
Percentage of women aged 15-49	53.2	Infant mortality rate (/1000)	48
Median age (years)	23.1	Maternal mortality rate (/100,000)	450
Dependency ratios: total	59.5	Life expectancy at birth (years)	
(/100) Aged 0-14	52.6	Males	63.3
Aged 65+	6.9	Females	67.0
Agricultural population density (/hectare of arable land)	3.9	Both sexes	65.1
Population density (/sq. km.)	104	GNP per capita (U.S. dollars, 1992)	670

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $30 million, of which $25 million would be programmed from UNFPA's regular resources, over a five-year period, starting in January 1995, to assist the Government of Indonesia in reaching its population and development objectives. This would be UNFPA's fifth cycle of assistance in Indonesia.

2. Indonesia has been one of the most successful developing countries in meeting its population objectives. The rate of intercensal population growth fell from 2.3 per cent to 1.9 per cent, a relatively modest decline, but a major achievement considering the magnitude of the concomitant decline in mortality rates. The crude birth rate fell from 40.6 births per 1,000 population in 1971 to 27.9 per 1,000 in 1990, and the death rate fell from 19.1 to 8.9 per 1,000 over the same period. The total fertility rate has decreased from 6 children per woman in the 1950s to around 3 by 1989. The contraceptive prevalence rate increased from 49.7 per cent in 1991 to 54.7 per cent in 1994. The infant mortality rate fell from 145 per 1,000 live births in 1967 to around 60 per 1,000 in 1993. (See the demographic fact sheet on p. 2 for the latest United Nations estimates.)

3. In the past, Indonesia's population programmes have concentrated on building maternal and child health and family planning (MCH/FP) services as part of an overall effort to provide people with the means to regulate fertility and to reduce morbidity and mortality. These efforts were translated into demographic goals, and, at times, the activities in the population sector were narrowly defined in terms of efforts to maximize acceptance of contraception and, in the process, to reduce fertility rapidly. The proposed programme recognizes that interventions can be successful if they address the wide range of reproductive health care needs of people of all ages, and if they can be sustained in the context of a self-reliant programme of reproductive health and family planning care. As a result, the proposed programme adopts a strategy of assisting the Government to broaden the range of reproductive health care efforts and to deepen the knowledge of clients, providers and managers about reproductive health services. It would support the provision of services to members of the population with special needs.

4. The general objectives of the proposed programme are to support the Government in its efforts to reduce maternal and infant mortality by improving the quality and coverage of reproductive health services; to reduce the national birth rate through the provision of quality family planning services geared towards fulfilling the individual needs of users; and to improve the well-being of families and individuals, especially of the elderly, youth and women. Additionally, the programme would address issues related to the environment and to the HIV/AIDS concerns of the Government.

5. The proposed programme represents a transition to a stage of self-reliance on the part of Indonesia. For this reason, a great deal of the proposed resources are designed to support relatively sophisticated activities in the fields of reproductive health and family planning (RH/FP); women, population and development; youth and the country's growing elderly population. Given Indonesia's success, an important element of the programme would be the continued development of "South-South" capabilities so that Indonesia can further share its experiences with other developing countries.

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II. BACKGROUND

6. Indonesia is the world's fourth most populous nation, after China, India and the United States. It contains the largest national concentration of Muslims in the world, although it recognizes adherents of four other religious groups and officially promotes a policy of religious tolerance. Although its estimated 1995 population of 198 million is spread over thousands of islands, 92 per cent of the Indonesian people live on four of these islands: Java, Kalimantan, Sumatera and Sulawesi.

7. Java, the smallest of Indonesia's four main islands, has a population of 113 million, or 59 per cent of the national total. Java's population density is 850 persons per square kilometre. In the past, it was regarded as one of the most densely settled agricultural areas in the world, but this is quickly changing as more of the labour force moves out of agriculture. The economy is increasingly based on industry and services as well as agriculture. The island is on the way to becoming a "city-island" with agriculture taking a secondary role. Nonetheless, the patterns of dense settlement in Java, and the increasing density of population of many regions in the other islands, provide a clear manifestation of one of the country's main population problems.

8. According to the 1991 Demographic and Health Survey, the total fertility rate (TFR) has decreased sharply from over 6 children per woman in the 1950s to 5.6 in the period 1967-1970 and to around 3.0 by 1988-1989. The TFR for Java and Bali has declined to around 2.7 in the same time period. The mean age at marriage for women in the country as a whole has increased from 19.3 in 1971 to 21.6 years in 1990. Whereas at the time of Independence, in August 1945, between a quarter and a third of women were married before reaching age 15, in recent years this has declined to around 5 per cent.

9. The infant mortality rate has fallen substantially in the past three decades: in 1967 it was 145 per 1,000 live births but by 1993 it had declined to around 60 per 1,000. Since infant and child deaths had accounted for a large portion of national mortality, the improved health of these age groups has rapidly increased the overall rate of survival. The expectation of life at birth rose from 45.7 years in 1971 to 62.7 years in 1994. The maternal mortality rate, however, is still very high: around 450 per 100,000 live births in 1986, falling only slightly to 425 per 100,000 in 1992.

10. Population policy in Indonesia has evolved in a consistent manner since 1969. From the outset, the country's policy recognized the potential benefits from a reduction of the population growth rate and redistribution of the population. Increasingly, however, Indonesia is recognizing the manifold aspects of the relationship between population and development through the changing emphasis of the stated goals of the family planning programme.

11. A wide range of contraceptive methods is available in Indonesia. However, practical access to the full range of methods varies according to supplies and the skills of local providers. Although the infrastructure exists for delivering family planning services, a great challenge of the programme has been to ensure nationwide access, given the geographic and cultural diversity of the country. Counselling in the understanding and use of contraceptive methods has been introduced, with particular emphasis on long-term or permanent methods. There is a need, however, to develop and expand the counselling

programme to take into account the role of village volunteers, cadres, formal and informal leaders, fieldworkers, midwives and physicians in the counselling process.

12. A major change in the nationwide population programme during the current five-year development plan is the proposed shift away from a target-driven programme to one based on the concept of demand fulfillment, where projections for planning will be set to reflect consumer demand for types of services instead of the demographically driven targeting procedures followed in the past. This poses a major challenge in shifting the administrative habits and structures of the entire programme, and it carries important implications for the relationship between the National Family Planning Coordination Board (BKKBN) and local implementing units.

III. LESSONS LEARNED

13. UNFPA has been a partner with the Indonesian Government in the area of population and development since 1972 when it joined the World Bank in financing the country's first five-year population project. Since then, the Fund has provided more than $83 million in assistance. During the fourth country programme (1991-1994), UNFPA programmed $22 million from its regular resources and $3 million from multi-bilateral sources, but this was later revised to a total of about $16 million in line with changed financial capabilities. The fourth country programme supported the Indonesian Government's population objectives and programmes in the following areas: improving family planning and closely associated information, education and communication (IEC) services; strengthening research capabilities in the fields of biomedical technology, demography, family planning management and operations research; developing population studies centres at regional universities; strengthening the BKKBN International Training Programme; and supporting the development and implementation of the Law on Population Development and the Development of Happy and Prosperous Families. UNFPA, together with the United States Agency for International Development (USAID) and the World Bank, constitute the main sources of external assistance for population activities in the country.

14. UNFPA assistance for the fourth country programme helped to provide training opportunities for masters degree candidates within the country, strengthen ties between provincial policy makers and researchers, and provide opportunities for university research centres to conduct social and biomedical studies relevant to policy development. The programme supported the decentralized implementation of the family planning programme at provincial and district levels; contributed to the improvement of the quality of care in family planning services, including the development and provision of training for counsellors; and provided assistance for research on reproductive health care and for reproductive health initiatives, including the assessment of the reproductive health needs of adolescents. The programme stressed decentralization of IEC efforts to ensure not only that the materials developed reflected the country's cultural diversity and specific local needs, but also that local organizations and religious leaders were involved in the process. It assisted the Government in preparing the 1992 Indonesian Population Law and provided support for the development of management systems. The programme also helped Indonesia to play a leading role in the promotion of South-South collaboration in population matters.

15. The experience gained through the implementation of the fourth country programme indicates that there are a number of issues that need to be addressed in the next country programme. In the area of

reproductive health and family planning, these include the need: (a) to reduce the high maternal mortality rate (425 per 100,000 live births in 1992) and the relatively high infant mortality rate (60 per 1,000 in 1993); (b) to re-orient the thinking of programme implementors towards an approach that is demand-driven rather than target-driven; (c) to increase the current contraceptive prevalence rate of 54.7 per cent; (d) to expand the availability of contraceptive methods at health centres and to improve male participation in the family planning programme; and (e) to extend the counselling programme to all provinces. Past experience also indicates the need for improving IEC coverage in support of RH/FP by developing key messages to address new concepts, by providing further training for IEC providers at the local level, by strengthening audience-specific IEC interventions and by providing for better distribution of IEC materials.

16. UNFPA has had limited involvement in the youth sector: there is still need for further studies on adolescent reproductive health needs and for the development of IEC materials in this area. Indonesia has had ample experience in data collection and analysis and in policy formulation. UNFPA's experience confirms the achievements in these areas while indicating the need for improvement in terms of the selection of research topics and development of research institutions.

Other external assistance

17. USAID and the World Bank are the other two major providers of external assistance in the area of population. The World Bank's first four loans in the population sector totaled over $107 million, while four projects in health and nutrition amounted to $156 million. The World Bank's Fifth Population Project, scheduled to run through 1996, is financed by a $104 million loan from the Bank and $44.4 million from the Government. The project supports the extension of family planning services to underserved areas and attempts to reduce maternal mortality through improved and increased training of midwives. The World Bank also has under way its Third Health Project in Indonesia, through mid-1995, which supports disease control and health service delivery systems, extending the system to at-risk areas currently not covered.

18. USAID is the largest source of donor assistance in population and family planning, having provided $250 million since 1968. The major USAID project, totaling over $29 million including $11.5 million in grant funds, was completed in 1990. This was followed by the Private-Sector Family Planning Project, which supports the Self-Reliant Family Planning Campaign by promoting private-sector initiatives, with particular emphasis on long-term family planning methods such as intra-uterine devices (IUDs), implants and sterilization. The project, which was implemented by the University Research Corporation, ended in December 1994. It involved the commitment of $20 million from USAID and $8 million from the Government and collaborating private-sector partners. In early 1994, USAID launched its Service Delivery Expansion Support Project to promote NGO and private-sector involvement in efforts to improve programme quality, promote long-term family planning methods and expand the coverage of services to isolated areas. The Pathfinder Fund has been contracted to assist in the implementation of the project, which will cost $50 million over five years.

19. WHO, UNICEF and UNDP provide significant amounts of assistance to Indonesia in the related areas of health care and development. Indonesia also receives bilateral assistance for important health,

family planning, population, women, and Safe Motherhood projects from the Governments of Australia, Canada, Germany, Japan, Switzerland, the United Kingdom and the United States, among others.

20. Many donors and specialized agencies have expressed interest in assisting the Indonesian Government in improving the quality of care in RH/FP by supporting relevant research; improving delivery systems, medical techniques, counselling procedures and provider attitudes; and widening the range of available methods. The BKKBN has established a Quality-of-Care Working Group to facilitate the establishment of a framework for these activities, and to provide a forum for the coordination of various donor activities. The Ministry of Health also has two Quality-of-Care groups working to promote quality-assurance measures in clinics and hospitals. Many donors are also interested in supporting NGOs and the private sector. USAID has been particularly prominent in this regard and is supporting major initiatives for the promotion of long-term contraceptive methods. Through the Pathfinder Fund, USAID is implementing a major project to involve NGOs in the development of innovative activities.

IV. PROPOSED PROGRAMME 1995-1999

21. The proposed programme supports government efforts to achieve three main objectives, which are in consonance with the reproductive health objectives of the ICPD Programme of Action: (a) reduce maternal and infant mortality by improving the quality and coverage of reproductive health services; (b) reduce birth rates by providing quality family planning services geared towards fulfilling the individual needs of users; and (c) improve the well-being of families and individuals, in particular women, youth and the elderly. It also supports activities to combat the spread of HIV/AIDS; create awareness of the interrelationship between population variables, people's behaviour and the environment; and promote South-South cooperation.

22. The proposed programme is heavily oriented towards RH/FP activities, which account for approximately 60 per cent of programme resources. The aim is to assist the Government in its efforts to build upon the achievements of the previous country programme by broadening the scope of RH/FP services and deepening the knowledge of clients about such services, as well as improving the knowledge and skills of service providers and programme managers. The programme therefore emphasizes awareness creation and training, and recognizes the importance of making IEC activities an integral part of RH/FP activities. The programme further recognizes that gender equity and equality are essential to the success of RH/FP activities. It therefore has the attainment of such equity and equality, and the empowerment of women more generally, as a component of its strategy.

23. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related

programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

24. Indonesia has been at the forefront of developing a "reproductive health care" prototype for the provision of family planning services. Research and experimental interventions supported during the fourth country programme explored the broader context of women's reproductive health care, including concern for reproductive-tract infections, the appropriate education of young people in healthy sexual behaviour, and the provision of support for prenatal care and maternal health. From this foundation, the proposed fifth country programme can make a transition to a fully fledged "reproductive health care" initiative as described in the Programme of Action of the International Conference on Population and Development (ICPD).

25. At the heart of the Government's reproductive health care programme is the use of "demand-fulfillment strategy" to manage the delivery of family planning and to generate demand for services through the steady improvement of the quality of services and the provision of information. The BKKBN is currently developing better methods of estimating demand for contraceptive services to assist in the planning of family planning logistics and training needs. In time, this demand-fulfillment framework will guide service providers to recognize both the changing contraceptive needs of people over the life cycle and the important related need for the diagnosis and treatment of reproductive-tract infections. As greater awareness of varied client needs are defined, service provision will stress the need to utilize resources more effectively through preventive care, sound health education, appropriate technologies and the effective prioritization of services.

26. In supporting the activities in the area of RH/FP, UNFPA would focus on improving the content and implementation of training in counselling for fieldworkers, village volunteers, physicians, and traditional birth attendants (TBAs). Such training would be expanded to include village midwives and would promote male participation in family planning. In an effort to ensure that services meet national standards of care, UNFPA would provide assistance in reviewing and, where necessary, in updating national clinical training standards. Particular attention would be given to practical training. These efforts would extend to the development of the curricula for the programme of Continued Medical Education.

27. It should be noted that many of the strategic needs in reproductive health care are currently being actively pursued through programmes of the Ministry of Health and the BKKBN and are being supported by other major donors such as the World Bank, Asian Development Bank (ADB) and USAID. In this rapidly evolving environment, UNFPA would work in close partnership with the Government to identify

unmet programmatic needs. UNFPA would also assist the Government in developing human resources through training in programme management and in ways to measure the quality of services being provided.

28. The shift from a target-driven system to an approach based on the concept of demand fulfillment is a major change in the design and management of the National Family Planning Movement. In essence, this is a recognition of the growing importance of voluntary acceptance of contraceptive methods, not only to ensure the proper use of methods, but also to ensure more sustainable contraceptive use under an increasingly self-reliant (i.e., self-funded) approach to the family planning programme. Training, with UNFPA assistance, is needed to create awareness among local government officials and clinical and non-clinical family planning workers of the advantages of a demand-fulfillment approach and to develop "client-oriented" approaches to the provision of services and information.

29. One goal of the proposed programme is to strengthen service delivery systems for reproductive health among the poor living in urban areas. This will take the form of empowering disadvantaged groups to become self-reliant and will be connected with poverty-alleviation activities. UNFPA would assist community institutions and NGOs to enable them to contribute more to the RH/FP activities and also to become self-reliant in generating services within the community.

30. IEC in support of RH/FP activities. The proposed programme aims to integrate IEC activities into the broader area of RH/FP. In the last five years, there has been increasing decentralization of IEC activities to the provincial level especially in developing and producing materials and in developing training programmes in counselling techniques. This support for decentralization is designed to increase the capabilities of provincial programme managers to develop more scientific, research-based and audience-segmented communication programmes that take into account the cultural diversity of the country.

31. For the next five years, the Ministry of Population has set priorities for its IEC programme that includes ensuring greater conformity of all development messages; promoting the country's "Prosperous Family" campaign; strengthening audience-specific IEC interventions; improving the capabilities of IEC personnel; making greater use of the country's Development Broadcasting Unit System; and improving IEC facilities. UNFPA would support a thorough evaluation of the current IEC programme. Based on this evaluation, UNFPA would provide assistance to develop key messages for specific audiences and for the media through which these messages would be delivered. The selection of the key messages would take into account gender, site (urban/rural, remote areas, working places, etc.) and age. Key messages would deal with such issues as family size, maternal health, adolescent reproductive health, HIV/AIDS, and the link between population and the environment.

32. UNFPA would support the Government in developing its own innovative capabilities in the field of IEC by creating a critical mass of national expertise. This would be achieved by providing fellowships for provincial-level personnel who are responsible for developing target-specific IEC programmes as well as for training provincial managers in management skills. Provincial IEC officers would be encouraged to develop innovative ways of sustaining their IEC activities through the use of community resources, local expertise and local networking.

33. HIV/AIDS. Indonesia is rapidly developing a national strategy and plan of action to help slow the spread of HIV/AIDS and to assist in the humane treatment of those infected with HIV/AIDS. A family-centred strategy to combat HIV/AIDS will be particularly important for two reasons. First, in terms of prevention, the family is the focal point for reproductive health education and the ideal environment for teaching and encouraging responsible sexual behaviour. Secondly, many people with AIDS will return to their families for care, solace and acceptance.

34. UNFPA would cooperate with the Government and other agencies in developing models to assist public education and training programmes directed towards families. This approach should take note of the fact that the numbers of AIDS sufferers returning to families in rural villages and urban slums will grow exponentially over the next few decades as a result of the growth of HIV infection, which is currently estimated to be in excess of 50,000 people and to be doubling annually. Given the magnitude of the problem, UNFPA contributions would be designed to provide models for ongoing implementation by Government and other donors.

35. Related data collection and analysis and research. The proposed programme gives priority to the development of data systems in support of the Indonesian population programme. In order to better promote data collection and analysis activities, UNFPA would support the Government's efforts to improve and extend national data systems on reproductive health and women. Specific activities would include assistance to develop a Programme Monitoring Indicators System within the BKKBN to assist in the routine analysis of service statistics; to analyse the data set dealing with indicators of "Family Prosperity"; and to implement a viable, intersectoral vital registration system and to analyse its effectiveness. UNFPA would collaborate with the Government in developing initiatives to improve the collection and analysis of national data on the status and roles of women and the changing characteristics of youth and the elderly.

36. Under the proposed programme, $15 million would be allocated from UNFPA's regular resources for activities in the field of reproductive health and family planning, including related IEC and data collection and analysis activities. An additional $3 million would be sought from other sources, including multi-bilateral sources.

Women, population and development

37. Although much progress has been made in Indonesia in improving women's social, economic and political status, major challenges remain in making women equal partners with men in the development process. In line with the ICPD Programme of Action, the main objective of the proposed strategy in this area is to facilitate the attainment of gender equality and equity and to empower women so as to enable them to realize their full potential and their legal and social rights. In the field of education, girls, especially those in poor families, have fewer opportunities for formal education. Females constitute 38 per cent of the total labour force, but in general work in low-status occupations in the formal sector or work in the informal sector. Compared to men, they are disadvantaged in terms of wages, working conditions and career prospects. The proportion of women in government service is relatively small and even smaller in the upper echelons. As a result, women's role in political and programmatic decision-making processes is disproportionately small, including on issues concerning their roles as wives and mothers.

38. In order to effectively promote programmes that advance the status of women, UNFPA would assist the Government in providing technical support for training, research and IEC activities on gender issues in the context of the family. The Fund would also support efforts to improve the collection and analysis of data on the roles, status and activities of women in Indonesia. This would require strengthening university-based women's studies centres and family studies centres in order to assist them in developing research agendas, implementing problem-focused research, and providing data and making recommendations to policy makers. Such research would support the Government's efforts to improve women's knowledge, skills and roles in the context of family development and poverty alleviation.

39. UNFPA would assist the Government and women's NGOs in promoting the empowerment of women and in translating understandings of gender equity and equality into concrete actions. In line with the Government's policy requiring nine years of compulsory education, UNFPA would support government efforts to keep girls in school until they are 15 years old and to train them to be better equipped for employment. Careful research and analysis are also required to determine the impact of past income-generating activities on the economic and social status of the women involved. UNFPA proposes a total of $3 million for women, population and development activities.

Youth

40. The economic and social changes that Indonesia is undergoing are having a significant impact on the country's youth. Delay in the age at first marriage, the increase in urban migration, the rise in numbers of young women and men living apart from their families, and the influence of the media are among the factors believed to contribute to the increased likelihood of premarital sexual activity, which in turn can contribute to a rising incidence of extranuptial pregnancies and the demand for abortion.

41. In view of the sensitivity of these issues and the complexity of the necessary interventions, UNFPA would help the Government in conducting further in-depth investigations of adolescent reproductive health and behaviour in various locations, including the 12 cities where surveys were conducted during the previous UNFPA country programme. These assessments would include focus-group discussions and in-depth interviews with parents, teachers, community leaders, youth groups, youth leaders and health-care providers. This would lead to the elaboration of strategies to develop IEC materials on reproductive health care to be used by youth themselves. It would also direct efforts at guiding parents, teachers and religious leaders, and others to whom youth refer for guidance and information. A major part of these efforts would be the promotion of a deeper awareness of the realities of adolescent life among policy makers and community leaders who may have little daily contact with young people.

42. UNFPA would also assist the Government in expanding peer-group discussions and counselling services for adolescents and parents under the Family and Community Programme for Adolescents working through community groups and NGOs. As the in-depth needs of youth are revealed through these studies, interventions would be developed to take account of regional, rural-urban, ethnic and gender variations and to address these needs through the family-based approach.

43. UNFPA would provide assistance for reconceptualizing population education in order to address emerging areas of particular concern to youth such as gender issues, the status and role of women, ageing, STDs/HIV/AIDS, family-centered development, reproductive health and family well-being.

44. UNFPA would provide $2 million from its regular resources for youth activities and would seek to provide an additional $1 million from other sources, including multi-bilateral sources.

Elderly

45. In view of the rapid reduction of fertility, it is clear that Indonesia will face an accelerated growth in the numbers and proportion of the population who are over the age of 60. There is a strong antipathy in Indonesia to the concept of old-age homes where elderly persons are concentrated, isolated from other members of society, and dependent on commercial or charity organizations for help with daily living. Most Indonesians believe it preferable to rely on strong support from the family in caring for the elderly.

46. UNFPA would assist in developing model programmes to educate and support families in the methods of care of seriously disabled people, including the establishment of formal back-up services attached to health centres and hospitals, as a first step in designing effective family-based programmes of care for elderly or chronically ill people. While the family may remain the first line of care, there is also a need to strengthen the existing Family and Community Association for the Elderly based on the assessment of the current role and activities of this and similar associations. Locally-funded support services, including home-nursing and day-care facilities, could be expanded to assist families in caring for incapacitated elderly members, particularly in urban areas. The major purpose of UNFPA assistance would be to help the Government to experiment with models that might form the basis for addressing the needs of the elderly into the next century. The proposed programme would therefore also seek to enhance people's understanding that the elderly can still contribute positively to society and enrich many aspects of life. UNFPA would provide $1 million from its regular resources for these activities and would seek an additional $1 million from other sources, including multi-bilateral sources.

Environment

47. There is still a dichotomy of views in Indonesia on environmental issues. Environmentalists see current trends in both population and economic growth as posing grave threats to the environment and demanding decisive regulatory action. Economic rationalists envisage that market forces will reflect scarcities through pricing systems that will trigger technological developments that will take care of current environmental problems. These views are not mutually exclusive, and efforts at reaching a consensus need to be made so that collaborative actions can be implemented in support of successful development activities.

48. The Ministry of Education and Culture, private foundations and NGOs have developed integrated curricula and materials to educate children in schools as well as youth and adults through the non-formal education sector. However, there is inadequate understanding of environmental issues among policy makers, industrialists and the public. UNFPA would assist the Government in developing IEC materials and activities to help bring about a better understanding among policy makers, programme implementors,

the general public, youth and children of the reciprocal relationships between population variables (e.g., size, distribution and movement), people's behaviour and the environment. UNFPA would provide $1 million from its regular resources for these activities.

South-South cooperation

49. Indonesian population programmes have been very successful in mobilizing resources, developing institutions and maintaining momentum in extending health and family planning services throughout a large and heterogeneous archipelago, covering people from a wide variety of social, religious, ethnic and cultural backgrounds. Planners, professionals and community leaders from around the world are interested in studying these successes and engaging in dialogue over the remaining challenges facing the Indonesian programme. The Government has indicated its interest in sharing its experiences in the area of population and development with other developing nations. Indonesia, in its capacity as Chair of the Non-Aligned Movement, has in fact played a leading role in promoting South-South cooperation in the population field. Other developing nations have responded positively to Indonesia's approach.

50. The Indonesian population programme has much experience to share with the world in terms of community participation, political commitment, IEC approaches, training of fieldworkers, and private-sector involvement and the social marketing of contraceptives. The International Training Programme of the BKKBN has been running for seven years, hosting groups of family planning officials, policy makers and community workers from many developing and developed countries. Interest in these activities has been growing steadily. In addition to UNFPA, others such as the World Bank, Australia, France, Japan, the Netherlands, USAID and the Rockefeller Foundation have made financial commitments to support South-South training activities.

51. A "South-South Initiative", consisting of 10 developing countries, including Indonesia, with the support of several donor agencies, has been recently developing the foundations for a "Partnership in Population and Development" programme. Support for this initiative is provided through the UNFPA intercountry programme. Under the proposed programme, UNFPA assistance would be aimed at further strengthening the country's technical-exchange capabilities by improving the skills of the Indonesian experts who are providing technical assistance to population-related activities overseas. This support would take into account the activities of the UNFPA intercountry programme in order to avoid overlap. Under the proposed programme, UNFPA proposes to provide $1 million from its regular resources to assist Indonesia in the development of South-South cooperation activities.

Programme reserve

52. An amount of $2 million has been set aside in reserve primarily to provide assistance to NGOs participating in the implementation of the programme. NGOs have been active in promoting the national population programme, and several NGOs support a large network of health-care facilities. UNFPA will seek to expand family planning services through supporting NGOs, which have proven very effective in working at the community level and in responding quickly to local needs. The Fund will also promote quality of care by extending in-service training in RH/FP and related activities to staff of well-established non-governmental organizations. In addition, UNFPA would provide support to NGOs to help strengthen

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their capacity to implement programme activities and to complement national efforts in the core areas of the programme.

Programme implementation and coordination

53. In implementing the proposed programme, UNFPA will cooperate closely with relevant government agencies and with NGOs, a number of which have been active partners in the national population programme and have received government funding support in carrying out their activities. The programming process of UNFPA has been designed to allow for full coordination with all United Nations agencies and bilateral donors. UNFPA, along with other United Nations agencies, is currently assisting the Government in the formulation of a country strategy note that will set out the priorities for United Nations system assistance to Indonesia. Together with UNDP, UNFPA would support government priorities in human resource development and poverty alleviation by improving the quality and widening the coverage of family planning and health services. UNFPA support to improve data collection and analysis would complement UNDP's assistance for the country's regular Social and Economic Survey.

54. In the area of reproductive health care, the UNFPA would work together with WHO and UNICEF to support government efforts to reduce maternal mortality and to improve systems of monitoring in RH/FP activities. UNFPA would work closely with the Government and UNESCO to develop IEC materials that will contribute to a better understanding of the relationship between population and the carrying capacities of the environment as well as to broad issues related to population education both within and outside the school system. UNFPA would also work with other organizations providing external assistance in supporting programmes in the framework of South-South cooperation.

Programme management, monitoring and evaluation

55. The implementing agencies are responsible for the management and internal monitoring of their respective programme activities. Periodic joint monitoring visits by implementing agencies and UNFPA staff would be undertaken to observe and discuss progress and problems. Standard UNFPA monitoring and evaluation instruments would be used, including the project management plan and the annual project report, both of which are reviewed at annual review meetings, as well as the final project report. The programme would also be subject to a mid-term review.

Financial statement

56. As indicated in paragraph 1, UNFPA would provide assistance to Indonesia in the amount of $30 million over the five-year period 1995-1999, of which $25 million would be programmed from UNFPA's regular resources. The following table shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources	Other external resources	Total
Reproductive health and family planning	15,000,000	3,000,000	18,000,000
Women, population and development	3,000,000	--	3,000,000
Youth	2,000,000	1,000,000	3,000,000
Elderly	1,000,000	1,000,000	2,000,000
Population and environment	1,000,000	--	1,000,000
South-South cooperation	1,000,000	--	1,000,000
Programme reserve	2,000,000	--	2,000,000
Total	25,000,000	5,000,000	30,000,000

V. RECOMMENDATION

57. The Executive Director recommends that the Executive Board approve the programme for Indonesia as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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